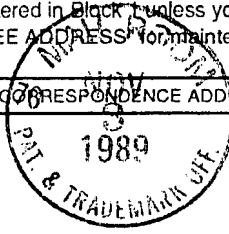


PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 3, unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS  22 ANNADALE STREET ARMONK, N.Y. 10504 <i>ELEC</i>	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
<input type="checkbox"/> Check if additional changes are on reverse side	

APPLICANT	INVENTOR	EXAMINER AND GROUP ARE UNIT	DATE MAILED
11-1257-030	10/05/89	022 RUTLEDGE, D	211 08/15/89
Agent: JATH ATTORNEY			

REMARKS: CAN AND REPEAT HIGH RESOLUTION PROJECTION LITHOGRAPHY SYSTEM

ADDITIONAL INFO	CLASS SURCLASS	PAT. NO.	APP. TYPE	SMALL ENTITY	FEES	DATE DUE
11-1257	357-053.000	022	UTILITY	YES	\$210.00	11/15/89

3. Further correspondence to be mailed to the following: CARL KLING, ATTORNEY AT LAW 22 ANNADALE STREET ARMONK, N.Y. 10504	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 <u>Carl Kling</u> 2 _____ 3 _____
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P 30385 11/06/89 07253717 / DO NOT USE THIS SPACE 11-1257 030 242 310.00CH
 P 30386 11/06/89 07253717 11-1257 030 501 15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: (2) ADDRESS: (City & State or Country) (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u> (Minimum of 10) 6b. The following fees should be charged to: <u>11-1257</u> DEPOSIT ACCOUNT NUMBER (Enclose Part C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u> <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
A. <input checked="" type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) <u>Carl Kling</u> (Date) <u>10-31-89</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE